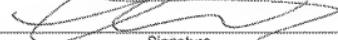
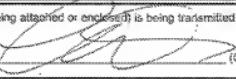


Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2009 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) K2100.0001	
Application Number	10/586,688-Conf. #7334	Filed November 6, 2006	
For SUPPORT ACCUMULATING IN INJURED PART IN VASCULAR CHANNEL			
Art Unit	1632	Examiner M.S. Noble	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
		Fee	Small Entity Fee
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$130	\$85
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$490	\$245
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$1110	\$555
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$1730	\$865
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$2360	\$1175
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by credit card.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-2215</u>.</p>			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>55,749</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p>			
 Signature		<u>November 12, 2009</u> Date	
<u>Cindy Yang</u> Typed or printed name		<u>(212) 277-8549</u> Telephone Number	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of <u>1</u> forms are submitted.			

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4)

Dated: 11/12/09Signature: 

(Cindy Yang)